

DEPARTMENT OF GAMING
OFFICE OF PROBLEM GAMBLING
PROBLEM GAMBLING TREATMENT SERVICES
SCOPE OF WORK
OVERVIEW AND BACKGROUND

1. The Arizona State Gaming Agency was established by Laws 1992, Ch 286, § 4 (effective July 1, 1992), A.R.S. § 5-601, within the Arizona Department of Racing, to carry out the responsibilities of the State resulting from the execution of tribal gaming compacts by the Governor pursuant to the Indian Gaming Regulatory Act ("IGRA"), 25 U.S.C. 2000 *et seq.*
2. Recognizing the growth of Indian gaming in the state and the need for a more specialized and independent regulatory body, the Arizona Legislature passed Laws 1995, Chapter 76, which created the Arizona Department of Gaming ("Department") effective July 13, 1995.
3. In the November 2002 General Election, the people of Arizona passed Proposition 202. Included in that Proposition was a provision for problem gambling programs.
4. Pursuant to A.R.S. § 5-601.02(H)(3)(a)(ii), of the monies deposited by the Tribes into the Arizona Benefits Fund, the Department receives two percent (2%) to fund state and local programs for the prevention and treatment of, and education concerning, problem gambling. The legislature has also appropriated \$300,000 in Lottery revenues in each state fiscal year for 2006 & 2007 for problem gambling programs. The Department created the Office of Problem Gambling in September 2003, whose duties and responsibilities include:
 - A. Providing and supporting problem gambling programs that include prevention, treatment, and education; and
 - B. Contracting with behavioral health treatment professionals to provide programs for treating and educating individuals with gambling problems, and preventing further gambling problems; and
 - C. Contracting with behavioral health treatment professionals skilled in problem gambling program training to provide training and education to other behavioral health treatment professionals to enable them to provide quality counseling and training to those needing help with gambling problems; and
 - D. Monitoring all behavioral health treatment providers and trainers to ensure that they meet the requirements outlined in their respective contracts.
5. To fulfill these duties in regards to treatment, the Department is making available an anticipated total of \$800,000 for each fiscal year for the statewide provision of outpatient treatment services for problem and pathological gambling. Ongoing annual allocations are anticipated to be \$800,000. Several contracts will be awarded to meet identified needs across Arizona.

I. PROGRAM OBJECTIVES

To offer statewide problem gambling treatment services to problem gamblers and those affected by problem gambling as funding allows.

II. KEY WORDS

- A. CEU: Continuing Education Unit; educational units required to maintain licensure, or designation as a gambling treatment counselor.
- B. Continuing Education: Educational opportunities beyond formal education and initial entry level into a profession to enable practitioners to maintain competence, to become aware of new developments and to provide responsible, quality services.
- C. Core Training: Sixty (60) hours of problem gambling specific training that prepares a licensed behavioral health professional to treat TAP clients consisting of Phase I and Phase II training segments as described in the TAP Provider Manual. All training hours claimed as meeting Core Training requirements must be approved by the OPG.
- D. Counseling Services: Counseling provided to a client by and in the presence of a gambling treatment counselor or a counselor supervised by a gambling treatment counselor, unless otherwise specified.
- E. Department: The Arizona Department of Gaming.
- F. Gambling Treatment Counselor: Individual providing direct counseling to clients who meets the requirements specified in this Scope of Work.
- G. NCGC II: Nationally Certified Gambling Counselor II; Certification level offered by the National Council on Problem Gambling.
- H. OPG: The Office of Problem Gambling within the Department.
- I. TAP: Treatment Assistance Program; the name given to the state-funded gambling treatment program.
- J. TAP Provider Manual: A manual of required procedures and forms the OPG provides to each state-funded gambling treatment Contractor.

III. GAMBLING TREATMENT COUNSELOR MINIMUM QUALIFICATIONS

Gambling treatment counselors, providing TAP services for which reimbursement is sought, shall meet the following requirements:

- 1. Be licensed in Arizona to engage in the practice of behavioral health.
- 2. Either:
 - a. Hold a valid NCGC II certification; or
 - b. Have documentation verifying completion of Phase I of Core Training AND providing TAP services under the clinical supervision of an OPG approved clinical supervisor; or

- c. Have documentation verifying completion of all Core Training hours (Phase I & II) and performance of 200 hours of OPG reimbursed TAP services.

IV. SPECIFIC REQUIREMENTS FOR OUTPATIENT TREATMENT SERVICES

- A. The Contractor shall ensure gambling treatment counselors:
 - 1. Document completion of 12 hours of problem gambling specific continuing education units every 12 months. If a gambling treatment counselor has not completed the Core Training, continuing education hours must count toward completion of the Core Training.
 - 2. Participate in a minimum of one clinical conference call per calendar quarter with the OPG-approved supervisor.
- B. Required Services. The Contractor shall provide outpatient services in compliance with the requirements found in the TAP Treatment Provider Manual. Services to be provided include the following:
 - 1. Referrals/Scheduling Clients

The Contractor shall accept referrals for TAP services provided the client has been deemed clinically appropriate to receive services based upon an initial screening and TAP funding is available. Clients shall receive an assessment session within 5 business days of a referral.
 - 2. Initial Screening

The Contractor or qualified staff shall conduct a brief, initial screening to determine if the individual is appropriate for problem gambling treatment services. The Contractor shall not bill for this screening. Based on this screening, the Contractor will determine if a more extensive assessment is appropriate.
 - 3. Assessment

The gambling treatment counselor shall complete assessments on all clients deemed appropriate for the service based upon the initial screening. All assessments completed under contract with the OPG shall conform to the requirements delineated in the TAP Treatment Provider Manual.
 - 4. Individual Counseling

Individual counseling shall consist of a goal-oriented process in which the client is counseled by and in the presence of a gambling treatment counselor, in accordance with the treatment plan, to relieve symptoms and resolve problems related to problem or pathological gambling.
 - 5. Group Counseling

Group counseling shall consist of activities, directly related to the attainment of objectives as defined in the written treatment plan that the gambling treatment counselor provides to a minimum of two and a maximum of eight clients. Groups exceeding eight clients require pre-

approval from the OPG and should only occur under unusual circumstances. If such groups do not consist exclusively of problem gambling clients, the gambling treatment counselor shall demonstrate that problem gambling-specific issues are adequately addressed in each group session and that the gambling treatment counselor conducting the group or groups uses counseling techniques appropriate for use with problem gamblers.

6. Family Counseling

Family counseling shall consist of sessions in which the identified gambler and a minimum of one other person in a committed relationship with the identified gambler, is counseled by a gambling treatment counselor in accordance with the identified client's treatment plan.

7. Crisis Phone Counseling

The Contractor may use crisis phone counseling when the gambling treatment counselor deems a client, who is currently active in the problem gambling treatment program, to be in crisis, and in-person counseling is not possible due to sickness or extenuating circumstances.

8. Referral to 24-hour Behavioral Health Crisis Service

All Contractors shall provide 24-hour-a-day, seven-day-a-week (24/7) referral to 24-hour behavioral health crisis services. The Contractor may accomplish this through agreements with other crisis services, on-call staff, or a substantial equivalent.

9. Brief Relapse Prevention Intervention

Within six months of a client's discharge, a gambling treatment counselor may see the client for brief relapse prevention (1-4 sessions) without necessity of re-enrollment. The gambling treatment counselor shall design these sessions, based on the client's needs, either to prevent relapse or to provide support for returning to treatment goals following a brief slip or relapse. A gambling treatment counselor shall complete a brief reassessment which specifies the presenting problem requiring further services and identifies specific goals for the relapse prevention sessions. The reassessment shall be placed in the client's clinical record along with progress notes on all relapse prevention sessions.

10. Remote Phone Counseling

The gambling treatment counselor may use telephonic counseling as a viable modality in cases where in-person counseling is not practical due to factors such as the client's distance from the treatment facility, a lack of adequate transportation, or the client's incapacity. In such cases, the gambling treatment counselor shall provide the client with an OPG-approved treatment handbook to support and help structure telephonic counseling sessions.

11. Outreach

To assist the OPG in meeting statutory requirements, gambling treatment counselors may provide outreach services specifically designed to educate the public about problem gambling issues and of the availability of OPG services in the community. Outreach services consist of those activities that include the presentation of information in conjunction with the distribution of material on problem gambling and the availability of problem gambling specific services in the community. The OPG will only reimburse for direct face-to-face contact hours and will not reimburse for preparation or travel time. Outreach services for which reimbursement is sought **MUST** be pre-approved by the OPG in accordance with the procedure outlined in the Provider Manual.

- C. The Contractor shall maintain clinical records in accordance with the requirements found in the TAP Treatment Provider Manual. Contractor shall comply with all local, state and federal laws and regulations in regards to the handling and discharge of all client clinical records. The OPG or its designee shall have access to all clinical records for which TAP reimbursement has been sought for audit purposes.
- D. The Contractor shall provide services to those who meet eligibility criteria for gambling treatment as delineated in the TAP Treatment Provider Manual. All clients clinically eligible to receive services must not be refused services based solely upon their inability to pay for services.
- E. The OPG may require that services which exceed 12 individual therapy sessions or which are provided for longer than a six (6) month period be authorized via a continuing stay review initiated by the OPG. Pre-discharge planning must be evident for authorization of services in excess of this requirement.
- F. A client shall be discharged if no treatment activity has occurred for 60 consecutive days.
- G. If a Contractor desires to change the location at which the gambling treatment counselor serves problem gamblers under this Contract, the location must be within a reasonable distance of the original location and the Contractor must notify and receive the approval of the OPG at least 15 days before the move takes place.
- H. Client Satisfaction Survey. To help assess the effectiveness of problem gambling treatment, Contractor shall participate in client satisfaction surveys as requested by the OPG. Such surveys will include satisfaction surveys of clients and affected persons and use questionnaires specified by the OPG. The Contractor shall present a release form regarding participation to all clients, but the client's completion of the form is not a condition for treatment.
- I. TAP Provider Manual. Contractor will maintain compliance with the requirements found in the TAP Provider Manual, and all subsequent updates to the manual.